

12/31/98

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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	GEMS:0038 15-SV-4834	Total Pages	35
First Named Inventor or Application Identifier			
Kenneth Lawrence Accardi			
Express Mail Label No.	EL 066 000 862 US		

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification **Total Pages 22**  
(preferred arrangement set forth below)
  - Descriptive
  - Cross References to Related Application
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) **Total Sheets 3**  
**Total Pages 9**
4. Oath or Declaration
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(where there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity ☐ Statement filed in prior application  
Statement(s) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other (unsigned Declaration & Power of Attorney)

17. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_/\_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

- ☐ Customer Number or Bar Code Label ☒ Correspondence address below  
(Insert Customer No. or Attach bar code label here)


NAME	Patrick S. Yoder				
	Fletcher, Yoder & Van Someren				
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CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>	
		<b>Application Number</b>	unassigned
		<b>Filing Date</b>	Herewith
		<b>First Named Inventor</b>	Kenneth Lawrence Accardi
		<b>Group Art Unit</b>	unknown
		<b>Examiner Name</b>	unknown
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$ ) 982.00		
		<b>Attorney Docket Number</b>	GEMS:0038/15-SV-4834

<p style="text-align: center;"><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:                  Deposit Account Number <u>07-0845/GEMS:0038/15-SV-4834</u>                  Deposit Account Name <u>GE Medical Systems</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 10/01/96)</b></p> <p><b>1. 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<b>SUBTOTAL (3)</b>					<b>(\$ ) 0.00</b>																																																																																																																																																																																																																																																																																														

SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name		Patrick S. Yoder		Reg. Number		37,479	
Signature				Date	December 31, 1998	Deposit Acct. User ID	07-0845/GEMS:0038/15-SV-4834